

Case Number:	CM15-0200240		
Date Assigned:	10/15/2015	Date of Injury:	05/30/2014
Decision Date:	12/02/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 57-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, mid back, low back, elbow, wrist, and shoulder pain reportedly associated with an industrial injury of May 30, 2014. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve a request for electrodiagnostic testing of the bilateral upper extremities. The claims administrator referenced an RFA form dated September 30, 2015 and a progress note dated April 6, 2015 in its determination. The applicant's attorney subsequently appealed. On a report dated September 9, 2015, the applicant was given diagnoses of cervical radiculopathy, lumbosacral radiculopathy, and shoulder impingement. The applicant complained of neck pain, low back pain, bilateral shoulder pain, and wrist pain, the treating provider reported. The applicant was pending cervical epidural steroid injection therapy, the treating provider reported. The treating provider suggested that the applicant was not working with the rather proscriptive 10-pound lifting limitation in place. Unspecified oral topical medications were endorsed. The applicant developed derivative complaints of depression, anxiety, psychological stress, and insomnia, the treating provider reported. The attending provider stated that he was seeking authorization for "neurodiagnostic studies" of the bilateral upper extremities to assess the applicant's cervical radiculopathy and/or presence of superimposed peripheral nerve impingement. The applicant was described as having positive Tinel and Phalen signs about the bilateral wrists with hyposensorium noted about the bilateral C5-C6 dermatomes. The note was somewhat difficult to follow as it did not follow standard SOAP format. The applicant's radicular complaints were not seemingly discussed at any length.

Overall commentary was sparse. On April 6, 2015, the applicant was placed off of work, on total temporary disability. The applicant reported ongoing complaints of neck pain with radiation to the right hand and fingertips, 5-6/10. Numbness and tingling were noted about the right hand, the treating provider reported. The applicant exhibited bilateral diminished grip strength. The attending provider suggested pursuit of cervical epidural steroid injection therapy. The remainder of the file was surveyed. There were seemingly no prior electrodiagnostic studies on file. On an earlier note dated August 28, 2014, the treating provider referenced previously performed cervical MRI imaging demonstrating multilevel disk protrusions of uncertain clinical significance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG/NCV of the bilateral upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: Yes, the request for electrodiagnostic testing (EMG-NCV) of the bilateral upper extremities was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 261, appropriate electrodiagnostic studies may help to differentiate between carpal tunnel syndrome and other conditions, such as cervical radiculopathy. Here, progress notes of April 6, 2015 and September 9, 2015, while at times incomplete, did suggest that the applicant had ongoing complaints of neck pain radiating into the bilateral upper extremities, issues with diminished grip strength about the bilateral hands, and in fact had issues with suspected cervical radiculopathy present, superimposed on issues with suspected bilateral carpal tunnel syndrome. Obtaining earlier cervical MRI imaging was nondescript. Obtaining electrodiagnostic testing was, thus, indicated to differentiate between a potential cervical radiculopathy and/or superimposed carpal tunnel syndrome. Therefore, the request is medically necessary.